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CONFIRMATION NO. 5571

<b>SERIAL NUMBER</b> 09/940,266	<b>FILING OR 371(c) DATE</b> 08/27/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 032580.0028.CIP1
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**APPLICANTS**

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*KDM verified*

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/663,607 09/18/2000  
 and is a CIP of 09/663,606 09/18/2000 PAT 6,647,292  
*KDM verified*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none KDM*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 09/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 120	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>W. J. Rissmann</i> Examiner's Signature <i>KDM</i> Initials				

**ADDRESS**

28075

**TITLE**

Biphasic waveform for anti-tachycardia pacing for a subcutaneous implantable cardioverter-defibrillator

<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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